

The disclosure documentation applicable to this transaction is:

Please complete this Application Form using black ink in BLOCK CAPITALS and return to: **Willis Owen Ltd, PO Box 402, Hull HU9 9AF**

1 Adviser Details (For adviser use only)

You will require a Cofunds authorisation code before being able to transact business. If you do not include this we will not be able to process this application.

Cofunds Intermediary Authorisation Code Intermediary Client/Deal Ref. Marketing Code

1A. CONFIRMATION OF VERIFICATION OF IDENTITY (PRIVATE INDIVIDUALS)

Directly authorised firm Declaration for confirmation of verification of identity.
Who has been verified?

Full names:

Primary Holder	Second named holder
Third named holder	Fourth named holder

I/We confirm that:

- a) the name, address and date of birth information contained in this application was obtained by me/us in relation to the customer(s);
- b) the evidence I/we have obtained to verify the identity of the customer(s):
(Tick one box only)
 - meets the standard evidence set out within the guidance for the UK Financial sector issued by the JMLSG; or
 - exceeds the standard evidence (written details of the further verification evidence taken are attached to this application).

Explanatory notes:

1. Each party that you have verified the identity of must be named above.
2. This confirmation cannot be used to verify the identity of any customer that falls into one of the following categories:
 - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering regulations; or
 - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature as part of the application.

1B. CONFIRMATION OF VERIFICATION OF BANK ACCOUNT DETAILS

I/We confirm that:

The sort code, bank account number and account name within the nominated bank account section was obtained and verified by me/us in relation to the customer(s) below.

1C. ADVISER CONFIRMATION

Full name of Regulated Firm	Signed	Date
FSA Ref No.	Name	
	Position	

2 Personal/Company Details (Please complete this section in full)

Private/Corporate Investor(s) 'Primary' Holder. Please see section 4 to add additional holders.

Existing Cofunds Client Reference

Did you receive advice from an adviser in relation to this investment?
If you do not answer this question we will assume you received advice.

Advised Not Advised

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

or Company Name

Email Address

Phone Number

Male Female Date of Birth / /

If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

For corporate investors please ensure you have completed all the signatory requirements in Section 7.

Current Permanent Residential Address

Postcode

Time at this Address yrs mths

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this Address yrs mths

3 Designations (You can designate an account here using a maximum of 8 alpha/numeric characters)

If you wish to specify a unique designation for this account please ensure that the designation reference does not make a meaningful word. Only the named applicants of this investment will be recognised as beneficial owners. If this section is not completed we will not designate this account.

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4 Joint Holders (You can nominate up to 3 additional holders)

Please include the full name and address of each holder. All correspondence will be sent to the 'Primary Holder'.

Second named holder

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this Address <input type="text"/> <input type="text"/> yrs <input type="text"/> <input type="text"/> mths

Male Female Date of Birth / /

D D / M M / Y Y Y Y

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this Address yrs mths

If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

Third named holder

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this Address <input type="text"/> <input type="text"/> yrs <input type="text"/> <input type="text"/> mths

Male Female Date of Birth / /

D D / M M / Y Y Y Y

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this Address yrs mths

If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

Fourth named holder

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this Address <input type="text"/> <input type="text"/> yrs <input type="text"/> <input type="text"/> mths

Male Female Date of Birth / /

D D / M M / Y Y Y Y

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this Address yrs mths

If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

Joint Holders: Please list each holder's full name on the Transfer Authority Form. If any holder's name has changed (by marriage for example), please contact your adviser.
Signatures: Please note that all joint holders must sign the Transfer Authority Form. Unfortunately we are unable to accept the form without relevant signatures.

5 Nominated Bank Account

Complete this section if you have not provided us with your nominated bank account details. If you are an existing customer, only complete this section if you would like to change your nominated bank account details. Any change to your nominated bank account will not be applied to your regular monthly investments.

You can only have one nominated bank account at any given time.

Name of Account Holder
Bank or Building Society Name and Address
Postcode

Branch Sort Code
 - -

Bank/Building Society Account Number

Building Society Roll Number

6 Income

Complete this section if you have requested income units/shares ('INC').

The option you choose will be applied to all income units/shares on this application.

Note: If you are taking regular withdrawals from your cash account you may only select the 'Cofunds Cash Account' or 'Retain in the fund' options.

- Consolidated Monthly Income**
Income generated from your investment funds will be consolidated into your cash account and paid to your nominated bank account on a monthly basis.
- Cofunds Cash Account**
Income generated will be paid into your cash account to be held on platform for withdrawals or future investment.
- Retain in the fund**
Income generated from this investment will be retained in the fund.

If you do not tick one of these boxes we will select the 'Retain in the fund' option by default.

7 Declaration and Authorisation

I/We confirm that:

I/We agree to be bound by:

- Your guide to investing with Cofunds, including the Key Features of Investment Funds
- Fund Key Features
- Terms and Conditions of the Cofunds Platform, including the Investment Funds Customer Agreement

My/Our signed application form (provided that my/our application is accepted by Cofunds), together with the Key Features and Terms, constitute my/our Agreement with Cofunds Limited.

I/We understand that instructions may be delayed or rejected if this application form is not complete in all respects.


You may undertake a search with a reference agency for the purposes of verifying my/our identity. To do so, the reference agency may check the details I/we supply against any particulars on any database (public or otherwise) to which they have access. They may also use my/our details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search.

I/We declare that the information contained in this application form is correct to the best of my/our knowledge and belief.

I am/We are aged 18 or over.

Please note that all joint holders must sign this application.

Where there are two signatories for a corporate investor, please delete reference to primary and second holder.

Primary Holder Signature 	Date
Capacity (if applicable)	
Second Holder Signature	Date
Capacity (if applicable)	

Data Protection

Cofunds Limited will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to our agents and service providers for these purposes. We may also disclose your information to organisations for compliance with legal and regulatory requirements.

With the exception of the above provisions, we will not pass on your details to any other third party without your permission, but we will disclose information concerning your investment to your Nominated Adviser.

Cofunds may transfer your information to countries outside the EEA for the servicing of your investments. In such cases, contracts will be put in place to ensure that the service providers protect your information in accordance with the requirements of the Data Protection Act.

Email address and telephone number

If you provide your email address and telephone number on this form, Willis Owen will keep a record of it. Willis Owen may use it to contact you occasionally about products and services, which may be of interest to you. However, if you prefer not to receive such information, you may withdraw your consent by contacting Willis Owen client services department on 0800 597 2525. Please remember that by withdrawing your consent, Willis Owen will not be able to contact you about products or services that may be of interest to you.

If you require a fund prospectus, please contact your adviser or Fund Manager directly.

Third Holder Signature	Date
Capacity (if applicable)	
Fourth Holder Signature	Date
Capacity (if applicable)	

If you are completing this as a company you must include a copy of the Articles of Association.

Issued and approved by Cofunds Limited,
1st Floor, 1 Minster Court, Mincing Lane, London EC3R 7AA.
Registered in England and Wales No. 3965289.
Authorised and regulated by the Financial Services Authority (FSA) under FSA Registration No. 194734.
IA97 02/10

Please note that a separate authority will be required for each Fund Manager. If transferring from more than one Fund Manager, please request more Transfer Authority Forms from your adviser.

Please complete all details requested.

Name of Fund Manager
Address
Postcode
Account reference with the above Fund Manager

Client Name(s) as they are registered with the above Fund Manager or fund supermarket. Please print in BLOCK CAPITALS.

Primary Holder
Address of Primary Holder
Postcode
Second Holder
Third Holder
Fourth Holder

Existing Cofunds Client Reference:

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
I/We hereby transfer my/our entire holdings in the funds listed below to Cofunds Nominees Limited, with immediate effect. Please forward confirmation to **Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY.**

I/We also authorise Cofunds to submit all information contained in this Transfer Authority to the Registrar of the Fund Manager named opposite and request that the register be updated as necessary to give effect to this transfer.

I/We confirm that the re-registration of the funds listed will not change the beneficial ownership from (or among) the current holder(s).

I/We confirm that this transaction is exempt from SDRT by virtue of paragraph 6 of Schedule 19 of the Finance Act 1999.

Signature(s) Corporate investors please state capacity of signatory and sign under the company seal.

Primary Holder Signature 	Date
Capacity (if applicable)	
Second Holder Signature	Date
Capacity (if applicable)	
Third Holder Signature	Date
Capacity (if applicable)	
Fourth Holder Signature	Date
Capacity (if applicable)	

Please note: All joint holders must sign the form.

1 Designations

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Please provide any current designations.

Please note that a separate authority form will be required for each designated holding.

2 Details of Funds to be Re-registered

Fund Manager and Fund Name	Type of Unit/Share (Delete as appropriate)*	Share Class
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	
	ACC/INC	

*If you do not specify ACC or INC in this column, Cofunds will not be able to process your application. If you have chosen income units/shares, please ensure you complete section 6 of the Investment Funds Transfer Application Form if you wish to have income paid to you.